

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> City of San José		Date Stamp 2019 APR -4 PM 2:20	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region (If Applicable)</b> Administrative Services Div.- Parks, Recreation & Neighborhood Services			
<b>Designated Agency Contact (Name, Title)</b> Veronica Schulte, Senior Analyst		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (Month, Day, Year)	
<b>Area Code/Phone Number</b> (408)793-5597	<b>E-mail</b> veronica.schulte@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$225.00/\$86.00

Event Description NHL Hockey Game Date(s) 3 / 30 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Schulte, Veronica  
Official's Name (Last, First)

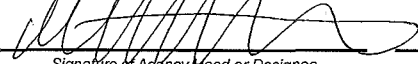
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Parks, Recreation and Neighborhood Services	24	Recognition for participation in the Park Ranger Working Group to evaluate the Park Ranger Program Service Model.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Veronica Schulte
 Print Name
 Senior Analyst
 Title
 4/02/19
 (Month, Day, Year)